

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This for appropriate. All further conditions indicated unless corrected maintenance fee notification	orm should be used for tran orrespondence including the below or directed otherwise ons.	smitting the ISSU Patent, advance on in Block I, by (a	E FEE and ders and not specifying	PUBLICATION FEE (ification of maintenance a	if required). Blocks I throfes will be mailed to the ddress; and/or (b) indication	ough 5 should be complete e current correspondence ac ng a separate "FEE ADDRI	d where ddress as ESS" for	
	ICE ADDRESS (Note: Use Block 1 for	any change of address)	70	Note: A certifi Feets) Transmi papers. Each ac	cate of mailing can only b ttal. This certificate cannot Iditional paper, such as an	be used for domestic mailing to be used for any other accord assignment or formal drawi	gs of the npanying ing, must	
	7590 04/06/2005	l l	O HUL	9 5002 save 12 own ce	Iditional paper, such as an rtificate of mailing or trans	mission.		
Arthur Jacob		4	-	Literahy certify	Certificate of Mailing	or Transmission	ne United	
25 East Salem Str. P.O. Box 686	eet		(Ex.	States Postal S	ervice with sufficient posta	ige for first class mail in an	envelope	
Hackensack, NJ 0	7601		& TR.	ADEMA addressed to the	ne Mail Stop ISSUE FEE he USPTO (703) 746-4000.	al is being deposited with the age for first class mail in an address above, or being on the date indicated below	tacsimile w.	
6/10/2005 MBERHE1 00000138 10697227					Arthur Jacob (Dep			
06/10/2002 WREKHET 0000	AT20 1403/cm.			() A	Mur tent		(Signature)	
01 FC:2501 02 FC:1504	700.00 DP 300.00 DP			4	405		(Date)	
APPLICATION NO.	FILING DATE	FIRST NA		D INVENTOR	ATTORNEY DOCK	ET NO. CONFIRMATION	N NO.	
10/697,227	10/30/2003	<u> </u>	Alfred F	. Behrens	A-02,37	1958		
TITLE OF INVENTION: I	INTRAMEDULLARY NAIL	-BASED BONE F	RACTURE	FREATMENT				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEI	E TOTAL FEE(S) I	DUE DATE DUE	;	
nonprovisional	YES	\$700		\$300	\$1000	07/06/2005	5	
EXAMINER		ART UN	IT	CLASS-SUBCLASS	5			
COMSTOCK, DAVID C		3732		606-064000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	D RESIDENCE DATA TO E	E PRINTED ON T		<u> </u>		 		
	ss an assignee is identified bein 37 CFR 3.11. Completion			u ,	assignee is identified belo	ow, the document has been	filed for	
(A) NAME OF ASSIGNEE (B)) RESIDENCE: (CITY and STATE OR COUNTRY)				
Please check the appropriat	te assignee category or catego	ries (will not be pr	inted on the p	patent): 🔲 Individual	Corporation or other p	private group entity 🚨 Gov	vernment	
4a. The following fee(s) an	e enclosed:	4b	. Payment of		<u> </u>	1.		
XI Issue Fee			A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies			The Director is hereby authorized that the Name of the Deposit Account Number 50222 That Barga Nay required the last open of this form).					
	s (from status indicated above SMALL ENTITY status. See	•	b. Applie	cant is no longer claiming	g SMALL ENTITY status.	See 37 CFR 1.27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the rec	O is requested to apply the Iss Publication Fee (if required) of cords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if and I from anyon Office.	ny) or to re-apply any pr e other than the applican	eviously paid issue fee to tl t; a registered attorney or a	he application identified abo gent; or the assignee or othe	ve. r party in	
Authorized Signature _	Juthur)	and		Date	JUNE 6	2005		
Typed or printed name	Arthur Jacob		. ,,		stration No. <u>19,70</u>	•		
This collection of informat an application. Confidentia	ion is required by 37 CFR 1.3 dity is governed by 35 U.S.C	11. The informatio	n is required	to obtain or retain a bene llection is estimated to ta	efit by the public which is take 12 minutes to complete	to file (and by the USPTO to	process)	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.